

FINANCIAL AFFIDAVIT			
IN SUPPORT OF REQUEST FOR ATTORNEY, EXPERT OR OTHER COURT SERVICES WITHOUT PAYMENT OF FEE			
CJA 23 Rev. 5/98	IN UNITED STATES <input checked="" type="checkbox"/> MAGISTRATE <input checked="" type="checkbox"/> DISTRICT <input type="checkbox"/> APPEALS COURT or <input type="checkbox"/> OTHER PANEL (Specify below)		
IN THE CASE	FOR <u>U.S.</u> v.s. <u>RODRIGUEZ</u> AT <u>MASSACHUSETTS</u> <u>BOSTON</u>	LOCATION NUMBER <div style="border: 1px solid black; height: 40px; width: 100%;"></div>	
PERSON REPRESENTED (Show your full name) <u>EDWIN RODRIGUEZ</u>	1 <input checked="" type="checkbox"/> Defendant—Adult 2 <input type="checkbox"/> Defendant - Juvenile 3 <input type="checkbox"/> Appellant 4 <input type="checkbox"/> Probation Violator 5 <input type="checkbox"/> Parole Violator 6 <input type="checkbox"/> Habeas Petitioner 7 <input type="checkbox"/> 2255 Petitioner 8 <input type="checkbox"/> Material Witness 9 <input type="checkbox"/> Other	DOCKET NUMBERS Magistrate <u>04-16711-CBS</u> District Court Court of Appeals	
CHARGE/OFFENSE (describe if applicable & check box →) <input checked="" type="checkbox"/> Felony <input type="checkbox"/> Misdemeanor			

ANSWERS TO QUESTIONS REGARDING ABILITY TO PAY									
EMPLOY- MENT	Are you now	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> Am Self-Employed							
	Name and address of employer:								
	IF YES, how much do you earn per month? \$	IF NO, give month and year of last employment How much did you earn per month? \$							
	If married is your Spouse employed? <input type="checkbox"/> Yes <input type="checkbox"/> No IF YES, how much does your Spouse earn per month? \$	If a minor under age 21, what is your Parents or Guardian's approximate monthly income? \$							
ASSETS	OTHER INCOME	Have you received within the past 12 months any income from a business, profession or other form of self-employment, or in the form of the form of rent payments, interest, dividends, retirement or annuity payments, or other sources? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <div style="display: flex; justify-content: space-between;"> RECEIVED SOURCES </div> IF YES, GIVE THE AMOUNT RECEIVED & IDENTIFY THE SOURCES <table style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 40%; border-bottom: 1px solid black;"></td> <td style="width: 10%; border-bottom: 1px solid black; text-align: center;">\$</td> <td style="width: 50%; border-bottom: 1px solid black;"></td> </tr> <tr> <td style="border-bottom: 1px solid black;"></td> <td style="border-bottom: 1px solid black; text-align: center;">\$</td> <td style="border-bottom: 1px solid black;"></td> </tr> </table>			\$			\$	
		\$							
	\$								
CASH	Have you any cash on hand or money in savings or checking accounts? <input type="checkbox"/> Yes <input type="checkbox"/> No IF YES, state total amount \$								
PROP- ERTY	Do you own any real estate, stocks, bonds, notes, automobiles, or other valuable property (excluding ordinary household furnishings and clothing)? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No								
	IF YES, GIVE THE VALUE AND \$ DESCRIBE IT	VALUE	DESCRIPTION						

	MARITAL STATUS	Total No. of Dependents	List persons you actually support and your relationship to them
DEPENDENTS	<input checked="" type="checkbox"/> SINGLE <input type="checkbox"/> MARRIED <input type="checkbox"/> WIDOWED <input type="checkbox"/> SEPARATED OR DIVORCED		
OBLIGATIONS & DEBTS	DEBTS & MONTHLY BILLS (LIST ALL CREDITORS, INCLUDING BANKS, LOAN COMPANIES, CHARGE ACCOUNTS, ETC.)	APARTMENT OR HOME:	Creditors
			Total Debt
			Monthly Paymt.

I certify under penalty of perjury that the foregoing is true and correct. Executed on (date)

2/26/04

 SIGNATURE OF DEFENDANT
(OR PERSON REPRESENTED)

Edwin Rodriguez